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APPLICANTS

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 ** CONTINUING DATA ***** *None - All*

 ** FOREIGN APPLICATIONS ***** *None - All*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 10	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged	Examiner's Signature <i>Pat. Hays</i>	Initials		

ADDRESS

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TITLE

Apparatus and method for reciprocating an infant support

FILING FEE RECEIVED 457	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____